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ABSTRACT

To examine self concept development in learning disabled (LD) children, a behavior rating scale was given to parents and teachers of 27 LD students (6 to 15 years old) in a summer program which provided activities to enhance the self concept. Parents' and teachers' perceptions of the children's self concept changed signficantly as a result of the program; however, only the parents' scores increased in a positive direction. (A list of the self concept activities used in the program is appended.) (CL)

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A Study of Self-Concept Improvement in Learning Disabled Children as Measured by a Modified Burk's Behavior Rating Scale

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Self-concept is of particular interest to the educator because it relates directly to a child's achievement in school. The correlation has been shown to be positive: high self-concepts enhance the learning process (Wattenberg & Clifford, 1964; Smith, 1979; Boersma, Chapman & Maguire, 1979). Research has also shown that learning disabled (LD) children tend to have a lower self-concept than non-disabled children (Bryan & Pearl, 1981; Boersma et al., 1979; Ribner, 1978). These findings have implications for counselors in that special attention must be given to the LD child if optimal academic progress in the educational program is to be made.

The construct of self-concept has come under great scrutiny by researchers (Wylie, 1974). While there is no definition accepted by all disciplines, in counseling, the term is used to describe the views a person has about the self in a positive or negative way (Eisenberg & Delaney, 1977). This is a phenomenological approach because it refers to cognitive awareness of the self-concept as an organized configuration of perceptions and beliefs (Wylie, 1974). In behavioral terms, self-concept refers to one's belief in ability to cope with the environment and to be successful in a variety of tasks. A "healthy" self-concept exists in individuals who appreciate their strengths and weaknesses and believe they are worthwhile individuals even when facing failure (Fitzgibbon, 1970).

Learning disabled children are those whose intellectual abilities appear to differ markedly from their actual achievement (Mercer & Mercer, 1981). Some may have physical impairments such as auditory or motor skills loss, while others simply appear to have a short attention span or a reduced ability in one particular area. These children are often faced with inappropriate labels such as mentally retarded or stupid; these labels serve to compound the problem of developing a healthy self-concept for these children. Their failure in school is often internalized and their self-concept lowers so that future learning becomes even more difficult (Bryan & Pearl, 1981).

Wattenberg and Clifford (1964) studied a non-disabled population of elementary school children and found measures of self-concept to be better predictors of reading achievement than IQ scores. Bryan and Pearl (1981) reported a study where achievement and self-concept were measured in LD children and non-disabled children. It was found that self-concept deteriorated with age and grade in both groups, but particularly among the LD group. In another study, Boersma et al. (1979) developed an instrument to measure academic self-concept in the classroom. They reported a stable and consistent lower self-concept in the LD children compared with a population of non-disabled. Penmanship and neatness were the only areas where they did not predict low ability.

Another area of research has included expectations of others. Negative self-concepts are reinforced by the low

expectations of mothers and teachers (Bryan & Pearl, 1981). It was found that mothers' and teachers' low expectations were established by the third grade. Bryan and Pearl (1981) suggested that parents and teachers may experience a "learned helplessness" vis-a-vis the learning disabled child. That is, if parents and teahhers hold low expectations for achievement, then they may expend less effort to help the child and transmit expected failure signals to the child. In turn, the child's self-concept remains low.

Research on the learning disabled child has also shown that locus of control is an important variable in the development of self-concept. The LD child will be more likely to believe success is attributable to external sources, but failure is more likely to be attributed to their own inability to perform the task (Bryan & Pearl, 1981). Failures are more likely to be internalized and successes are more likely to be viewed as "luck" or due to some other individual's control. As in the research concerning expectations, there is an interaction between what the child believes can be accomplished and what is actually done.

Ribner (1978) studied the relationship between special class placement and self-concept in the LD child. Ribner used an original self-concept questionnaire, and administered it to 613 male students, aged 8 to 16. The study concluded that self-perceived school adequacy was significantly improved by special education class placement, while no significant improvement occurred in self-perceptions of general competence. Bryan and Pearl (1981) reported that

the self-concept of the LD child may be more resistant to change than that of the non-disabled child. The type of classroom instruction then becomes an important variable in raising or lowering the child's self-concept.

Smith (1979) supported the idea of negative self-concept related to class placement. He suggested that the LD child in a regular classroom will have a new reference group with whom to compare ability. These social comparisons serve to reduce the child's self-concept. This study encompassed 218 LD children, aged 7 to 12, who were administered the Weschsler Intelligence Scale for Children-Revised (WISC-R), the Metropolitan Achievement Tests (MAT), and the Piers-Harris Children's Self-Concept Test.

The logical question to pose then becomes how the self-concept of the learning disabled child may be improved. In this study, an attempt was made to provide a positive, self-concept enhancement program for learning disabled children participating in an academic summer program. The expectation was that exposure to this program would serve to improve individual self-concept and that this would be reflected in behavior change. In the classroom, a variety of methods may be used to enhance self-concept. Mercer and Mercer (1981) suggested the use of behavior modification techniques, modeling, bibliotherapy, and projective techniques as a means of increasing self-awareness positively. This project utilized a vareity of methods and activities from several sources. The activities were organized so as to facilitate self-exploration, awareness, and finally, to encourage new behavior reflecting a positive self-concept.

Method

Subjects

The participants in this study consisted of 27 learning disabled children attending a Learning Disabilities Clinic for five weeks. They ranged in age from 6 to 15 years old and all were from the Evansville, Indiana area. The group contained 19 boys and 8 girls with the degree of disability ranging from slight to severe. Principals in Evansville and the surrounding counties had been sent an informational letter in the spring. Selection was based upon recommendations from teachers in those counties. The clinic director processed each application to identify those in the mentally retarded category or pure behavioral problems to insure that children were admitted to the program who had only learning disabilities. Nearly all were enrolled in special education classes in the public schools. The socioeconomic background of the children was predominately middle class, all were Caucasian, and all but four children participated in the entire five week program.

Testing Instrument

Burk's Behavior Rating Scales are designed to identify children who might benefit from special education classes due to certain negative behavioral symptoms (Burk, 1971). The 20 scales clustered together naturally in three areas, according to Burk: immature traits, hostile-aggressive, and neurotic traits. It seemed most appropriate to select the seven neurotic trait scales as a measure of self-concept in the learning disabled child. The neurotic trait scales

included excessive self-blame, excessive anxiety, poor anger control, poor ego strength, excessive dependency, excessive suffering, and excessive withdrawal. Bryan and Pearl (1981) alluded to some of the behaviors displayed by the LD child with a low self-concept. The scales used reflect those behaviors that are an indication of inability to cope with life situations successfully or that are outward expressions of the inward belief in failure. For example, poor ego strength is defined by Burk (1971) as inhibition of the expression of abilities due to lack of self confidence. This might be interpreted as a learned trait used by LD children to protect themselves from failure. A lack of competition is often a characteristic of the LD child (Mercer & Mercer, 1981). The immature and hostile-aggressive traits may account for a variety of behavior exculsive of the psychological nature of the neurotic trait scales. Thus, the latter is most related to the construct of self-concept.

By modifying the scales to include only the neurotic traits, two goals were accomplished. First, a modification of the scale assured that only those scales most clearly associated with self-concept would be included, thus eliminating extraneous data. Secondly, the rating scale became shorter and more workable for parents and teachers to complete. Though the accompanying norms were not suitable for the present study, the Burk's Behavior Rating Scales were selected because they related directly to identifying the child who may possess a learning disability.

Procedure

The scale was given to all 27 sets of parents and the seven teachers participating in the LD clinic. The pretest occurred during the first week of the clinic and the posttest during the fifth and final week of the program. Follow-up letters were sent to eight parents during the second week to encourage their response. Participants were asked to rate each child's behavior according to the directions in the manual (Burk, 1971). These ratings provided the data to determine if the four week intervention had an impact.

The program consisted of a variety of self-concept enhancing activities designed for children. A complete list of activities and references may be found in the Appendix. The 27 children were divided into four age-similar groups with two groups having eight members (Groups A and C), one having seven (Group B), and one group having four members (Group D). Each of these groups participated in activities for about 20 minutes on a Monday and Wednesday or Wednesday and Friday. The teachers participated in the activities as well. Special attention was given to the needs of the particular group. Therefore, all groups were not exposed to the exact same program of activities. The counselor-prepared program had a duration of four weeks, totalling eight 20-minute sessions for each group.

Means were calculated for both sets of parents' and teachers' ratings. A repeated measures t-test was applied to determine if any change in the behavior of the children had occurred. All data collected were kept confidential.

Results

Mothers of 14 of the 27 children completed the rating scales at the beginning and end of the program. Since in only two cases were both the mothers' and fathers' responses reported only the mothers' responses were tabulated. According to Burk's manual (1971), a high score represented a poor self-concept while a lower score indicated healthier, more positive feelings about the self. The scores in the parents' ratings ranged from 108 to 39. The mean of the pretest was 65.43 and the mean of the posttest was 61.72 for the parents' ratings. It was found that $t(13) = 2.37$, $p < .05$.

All 27 children were rated by their teachers both at the beginning and at the end of the program. The teachers' ratings ranged from 101 to 38. A mean of 52.63 was calculated for the pretest and a mean of 59.00 for the posttest. This resulted in $t(26) = -3.04$, $p < .05$.

In both groupings, parents and teachers, a significant difference between the pretest and the posttest was observed. However, in the case of the teachers, the ratings suggest the desired change did not occur and, in fact, the scores shifted in a negative direction. The parent's ratings suggest a change of behavior in the expected direction.

Discussion

From the data presented, it was determined that significant changes did occur in the perceptions of both

parents and teachers. For parents, though the change was small, it was significant and in a positive direction. A number of factors may have interacted to create the improved rating. From the parents' point of view, the child's behavior may have genuinely changed during the course of the program, but it can not be determined how much the overall positive effect of the clinic itself had on their change in perceptions. The emphasis of the clinic was upon academic improvement and success in those areas likely interacted with the positive experiences of the counselor's program. It would be inappropriate to credit the self-concept enhancing activities solely for the change. Further, as Ribner (1978) delineated, special class placement itself improves perceived self-concept in the LD child; thus, the clinic was comprised entirely of LD children with whom social comparisons were made. More positive behavior would be expected from the children under these circumstances, according to research.

Another factor that may have influenced the rating scales is that the daily behavior of the LD child may fluctuate considerably and the results would be influenced by the particular day the rating was completed. Also, by administering a pretest and posttest, the suggestion of change had been introduced and may have enhanced the second ratings by the parents.

In ratings both before and after the program, a difference was observed between parents' and teachers' ratings. This may be accounted for if the child displayed

different behavior at home than at school. As the clinic progressed, the children adjusted to the nature of the program and "loosened up" somewhat. Thus, the teachers' second ratings were noticeably higher than the first. The teachers' perceptions changed as they got to know the students better and as the students began displaying different behavior after the first week of class.

The interpretation of these results should be viewed in light of the limitations of the study. Primarily, attempting to effect noticeable change in self-concept during a four week period is an unrealistic goal. Clearly, this type of change occurs over a long period of time and some of the true change related to this program may not be evident for some time in terms of behavior change. Further, evaluating this change proved difficult.

The measuring instrument itself may not have been the best choice but its availability made it the preferred tool. Adequate reliability and validity data were not available for Burk's Behavior Rating Scales. Due to the small number of participants and the shortcomings of the scales, these results are not generalizable to other populations. It should also be noted that about half of the parents completed both rating scales. Thus, it may only be speculated as to what the results might have been had data been generated for all 27 children.

It is difficult to report all of the meaningful, human interaction that occurred during this study. Working with these children proved to be a rewarding and enriching experience. The purpose of the study was to effect change

in individuals, yet the significance of the individual may be lost in the group. Each child experienced the activities differently and there were a variety of individual needs within the groups. Many of the children lacked the skills and ability of self-expression but during this program had the opportunity to practice these skills and learn new things about themselves. Viewing the children individually, significant gains were made by several. Individual attention and positive feedback enhance self-concept as well as the planned activities in which all participated. Some of the activities were more successful than others. Those of lesser impact may have had little positive effect on the overall quality of the program, but individual growth may still have resulted.

From this study it may be concluded that the parents' ratings suggest that the LD clinic was a positive experience and that some children did benefit from the self-concept enhancing activities. The results of this study do provide useful data to be used in examining the curriculum of future LD clinics as well as evaluating the gains of these particular children. As the literature reviewed suggested, a special need is apparent in the development of a positive self-concept in learning disabled children. Special attention must be given to the learning disabled child's self-concept as it becomes a critical variable in academic progress for these children.

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Appendix

GROUP A

SESSION I: Who Are We Inventory from Curwin, R., & Curwin, G. Developing Individual Values in the Classroom, Palo Alto: Learning Handbooks, 1974, 12-15.

SESSION II: The Card Game from Canfield, J., & Wells, H. C. 100 Ways to Enhance Self-Concept in the Classroom, Englewood Cliffs: Prentice-Hall, 1976, 65.

SESSION III: What If and the The Bragging Game: What If from Canfield & Wells, 129.
The Bragging Game from Stone, K. F., & Dillehunt, H. Z. Self-Science: The Subject is Me, Santa Monica: Goodyear, 1976, 97.

SESSION IV: Composite Picture from Canfield & Wells, 161.

SESSION V: Recognizing Nonverbal Communication of Feeling from Dinkmeyer, D., McKay, G. D., & Dinkmeyer, D., Jr. Systematic Training for Effective Teaching, Circle Pines: American Guidance Service, 1980, 40.

SESSION VI: Improvisation and role-playing from Simon, S. B., & O'Rourke, R. D. Developing Values with Exceptional Children, Englewood Cliffs: Prentice-Hall, 1977.

SESSION VII: Personal Time Line from Canfield & Wells, 127.

SESSION VIII: Rank Order of Values (orally) from Simon, S. B., Howe, L. W., & Kirschenbaum, H. Values Clarification: A Handbook of Practical Strategies for Teachers and Students. New York: Hart, 1978, 40.

GROUP B

SESSION I: Who Are We Inventory from Curwin & Curwin, 12-15.

SESSION II: The Card Game from Canfield & Wells, 65.

SESSION III: What If and The Bragging Game from Canfield & Wells, 129 and Stone & Dillehunt, 97.

SESSION IV: Composite Picture from Canfield & Wells, 161.

SESSION V: Recognizing Nonverbal Communication of Feeling from Dinkmeyer, McKay, & Dinkmeyer, Jr., 40.

SESSION VI: Friendship from Dinkmeyer, McKay & Dinkmeyer, Jr., 69.

SESSION VII: Personal Time Line from Canfield & Wells, 127.

SESSION VIII: Rank Order of Values (orally) from Simon, Howe, & Kirschenbaum, 40.

GROUP C

SESSION I: Who Are We Inventory from Curwin & Curwin, 12-15.

SESSION II: The Card Game from Canfield & Wells, 65.

SESSION III: Magic Glasses from Canfield & Wells, 225.

SESSION IV: The Socialization Game from Mercer, C. D., & Mercer, A. R. Teaching Students with Learning Disabilities, Columbus: Charles E. Merrill, 1981, 85.

SESSION V: Feelings Wheel from Project Self: Evansville - Vanderburgh School Corporation, Evansville, Indiana, 1978, 35.

SESSION VI: Stories from Dinkmeyer, McKay & Dinkmeyer, Jr., 18, 72, 92.

SESSION VII: Rank Order of Values (orally) from Simon, Howe, & Kirschenbaum, 40.

SESSION VIII: The Giving Tree by S. Silverstein, New York: Harper & Row, 1964.

GROUP D

SESSION I: Mirror Box and Bumpety-Bump Game
Mirror Box from Project Self, 27., Bumpety-Bump from Stone & Dillehunt, 20.

SESSION II: The Card Game from Canfield & Wells, 65.

SESSION III: Magic Glasses from Canfield & Wells, 225.

SESSION IV: The Socialization Game from Mercer & Mercer, 85.

SESSION V: Feelings Wheel from Project Self, 35.

SESSION VI: Stories (as tole by a puppet) from Dinkmeyer, McKay, and Dinkmeyer, Jr., 18, 72, 92.

SESSION VII: Rank Order of Values (orally) from Simon, Howe, & Kirschenbaum, 40.

SESSION VIII: Puppet from Mars
The puppet interacted with the children about life on earth.